

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	11/2
FORMALITY REVIEW	T/H	953	01-03-01
RESPONSE FORMALITY REVIEW	mm	780	4-10-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			11/2/02
2			11/25/02
3			7/17/02
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If more than 150 claims or 10 actions  
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